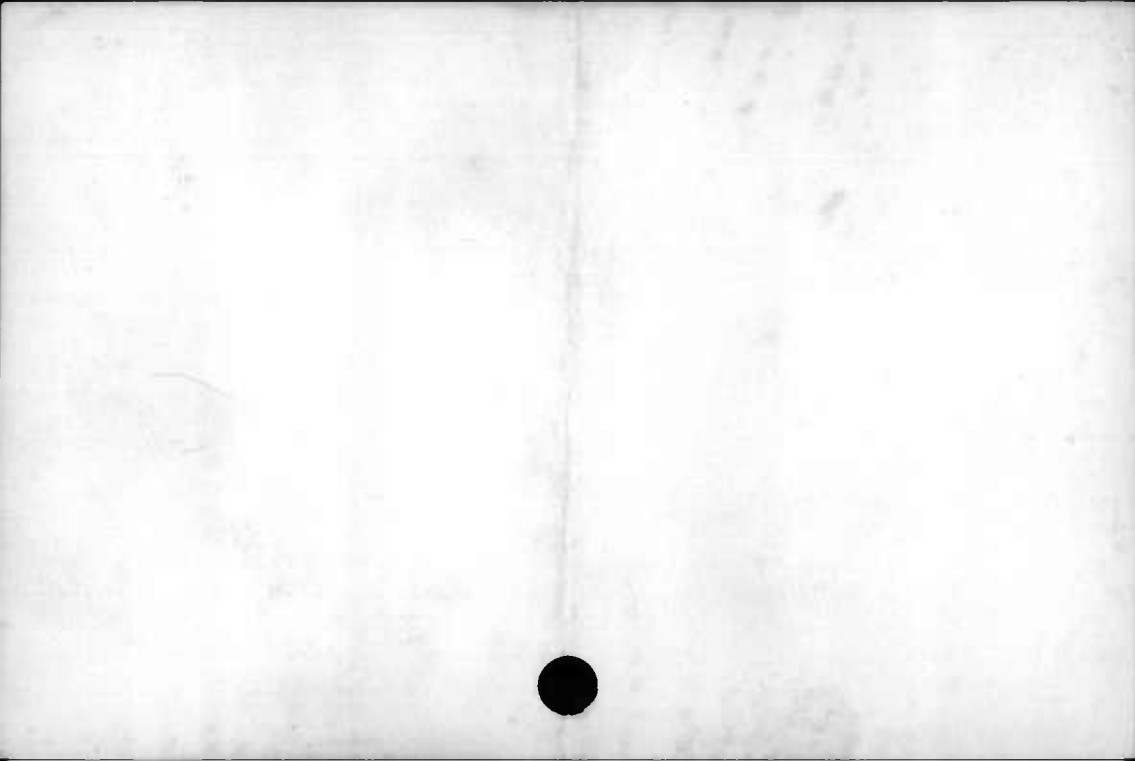


Name in Full		Fanny Isabelle Abell				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town		County		
		Pisgah		Pisgah		Charles		
		Date of death		1907	Month	July	Day	12
		Age		Years		Months		
		10		8		Days		
Sex		Female		Color or Race		American		
Occupation				Birth-place		Pisgah Md.		
				Where Residing if not at place of death				
Married, Single or Widowed		Single		Name of Wife or Husband				
Father's Name		Charles C. Abell		Father's Birthplace		Charles Co. Md.		
Mother's Maiden Name		Rosalie Gloden		Mother's Birthplace		Charles Co. Md.		
Name of person giving information		Rosalie Gloden		How related to deceased		Mother		
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary		Acute Gastro Enteritis		How long		
		Immediate		Cardiac & Pulmonary Failure		How long		
		Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		
		Address		Geo. C. Bicknell, Pisgah, Md.				
Accident or Suicide?								

105



Name in Full		Agnes Louisa Barnes						CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Pomfret			County			MARYLAND	
	Date of death	1907	Month	7	Day	17	Age	Years	4
	Sex	Female			Color or Race	Colored			Birth-place
	Occupation				Where Residing if not at place of death			Ind	
	Married, Single or Widowed				Name of Wife or Husband				
	Father's Name	Oscar Barnes			Father's Birthplace			Ind	
Mother's Maiden Name	Mary E Taylor			Mother's Birthplace			Ind		
Name of person giving information	Oscar Barnes			How related to deceased			Father		
CAUSES OF DEATH									
PHYSICIAN OR CORONER	Primary	Typhoid Fever, Spinal Meningitis						How long	3 weeks
	Immediate	Contusions						How long	3 days
	Are the name, age, sex, color, date and place correctly given above?						Signature of Physician		J. L. Hanson
							Address		La Plata
Accident or Suicide?						Ind.			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Port Tobacco		Charles					
Date of death	1907	Month	7th	Day	26	Age	About 45
Sex	Female	Color or Race	White	Birth-place	Chas. Co. Md	Months	Days
Occupation	Post-mistress	Where Residing if not at place of death					
Married, Single or Widowed	Married	Name of Wife or Husband E. E. Burch					
Father's Name	Thomas Welch	Father's Birthplace Chas. Co. Md					
Mother's Maiden Name	Mary Stewart	Mother's Birthplace " " "					
Name of person giving information	E. E. Burch	How related to deceased Husband					

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	Pneumonia	How long	Two weeks
Immediate	Relapse with heart failure	How long	A few hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Jno. T. Digges	
		Address	
		Port Tobacco - Md	
Accident or Suicide?			

bird 26 Jan

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

MARYLAND

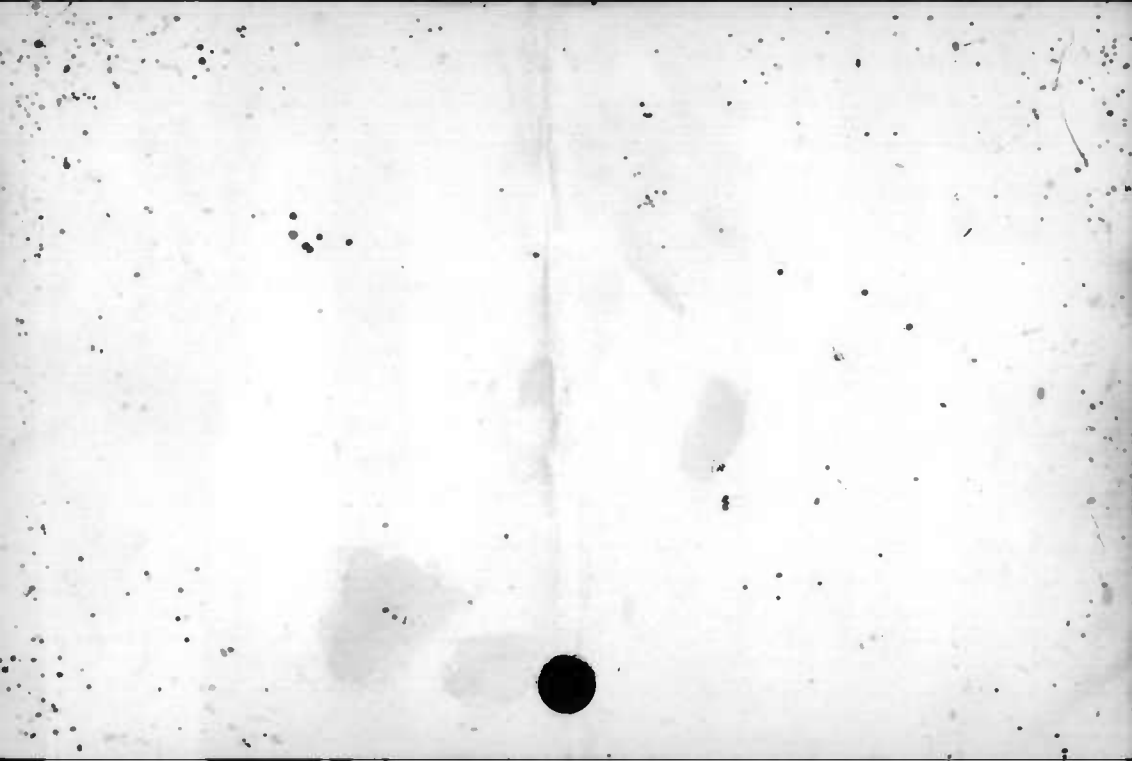
John C. Chone
 Died at *Princeton* Town *Chesile* County
 Date of death *1907 July 8* Month *7* Day *8* Age *73* Years *73* Months *-* Days *-*
 Sex *Male* Color or Race *Colored* Birth-place *Ches. Co. Md.*
 Occupation *Farmer* Where Residing if not at place of death *at place of death*
 Married, Single or Widowed *Married* Name of Wife or Husband *Martina S. Stoddard*
 Father's Name *Sam'l. C. Chone* Father's Birthplace *Ches. Co. Md.*
 Mother's Maiden Name *Mary Smith* Mother's Birthplace *Unknown*
 Name of person giving information *John C. Chone Jr.* How related to deceased *Son*

CAUSES OF DEATH

64

PHYSICIAN
OR CORNER

Primary *Intermittent nephritis* How long *8 years*
 Immediate *Cerebral Hemorrhage* How long *6 days*
 Are the name, age, sex, color, date and place correctly given above? *Yes*
 Signature of Physician *J. W. Mitchell*
 Address *Princeton Md.*
 Accident or Suicide? *No*



Name
in
Full

William B. Benin Collins

CERTIFICATE OF DEATH

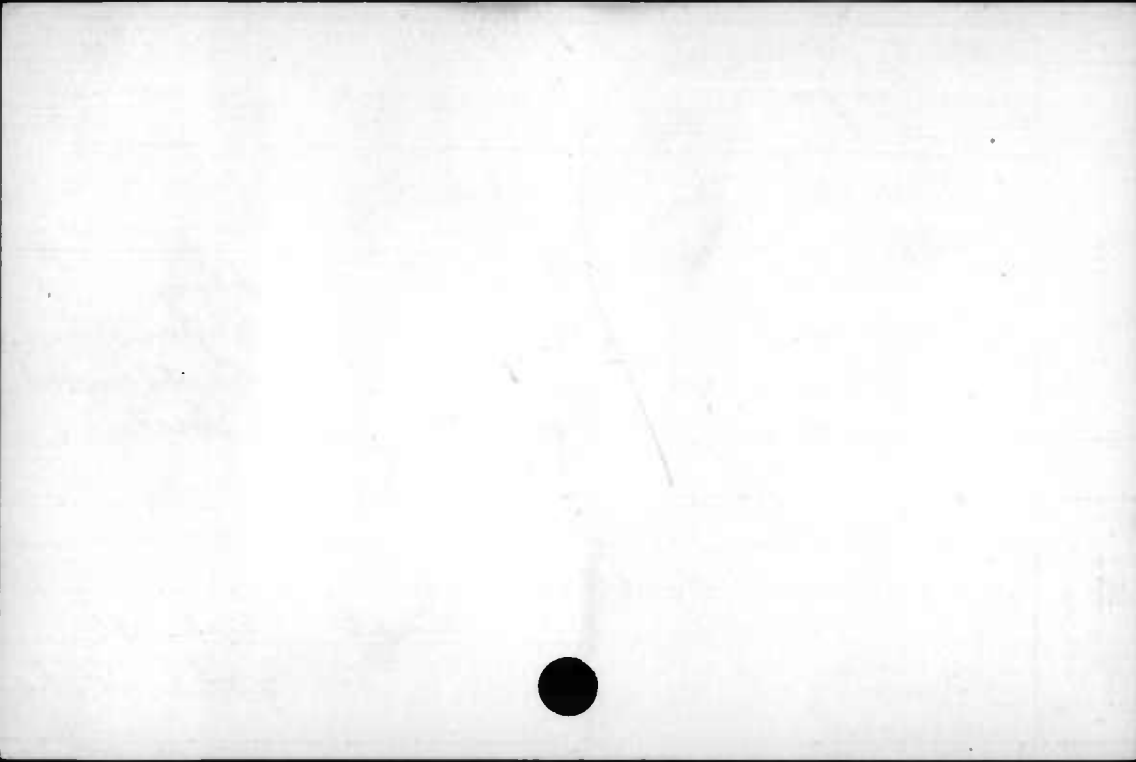
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Brownkry</i> Town		<i>Chae</i> County		MARYLAND	
Date of death	<i>1907</i>	Month <i>July</i>	Day <i>24</i>	Age <i>—</i> Years	Months <i>7</i> Days <i>7</i>
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>Ind</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>at H. 112</i>		
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>		
Father's Name <i>Walter Collins</i>			Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Mary McPherson</i>			Mother's Birthplace <i>Ind</i>		
Name of person giving information <i>Walter Collins</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Known</i>	How long	<i>24 hours</i>
Immediate	<i>Unknown</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?		Yes <i>Yes</i>	
Signature of Physician		<i>John Phinshall</i>	
Address		<i>Sub Rg</i>	
Accident or Suicide?		<i>No</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Carrie Genevieve Compton

Town

County

Died at

Pisgah

Chesler

MARYLAND

Date

of death 1907

Month

July

Day

9

Age

Years

34

Months

Days

Sex

Female

Color or
Race

American

Birth-
place

Chesler, W. Md.

Occupation

Housewife

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Benj. B. Compton.

Father's
Name

Daniel J. Bragunier

Father's
Birthplace

Dayton, Ohio.

Mother's
Maiden Name

Margaret S. Bowie

Mother's
Birthplace

Chesler, W. Md.

Name of person giving
Information

Sarah A. Carpenter

How related
to deceased

Sister

CAUSES OF DEATH

138

PHYSICIAN
OR CORONER

Primary

Childbirth - Nephritis

How long

1 month

Immediate

Uremic Convulsions

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

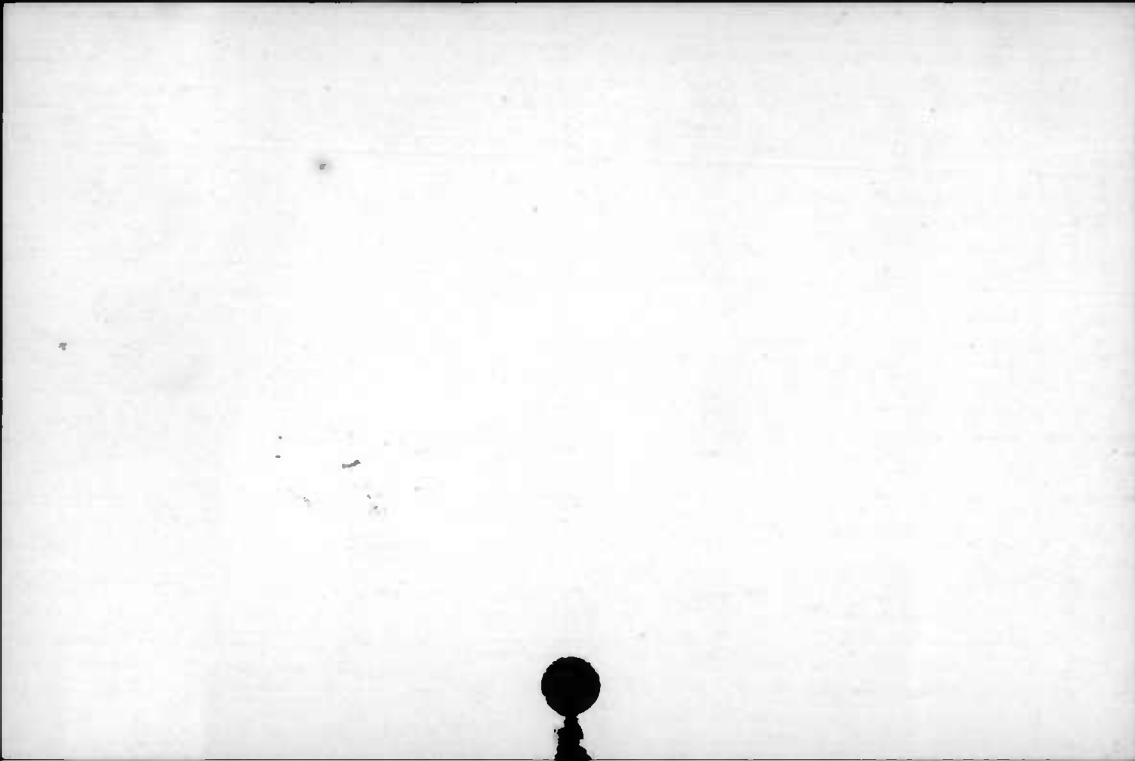
Signature of
Physician

Geo. C. Bicknell

Address

Pisgah, Md.

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

107

Samuel Curtis

Died at Beyantown ^{Town} Charles- ^{County} MARYLAND

Date of death 1907 ^{Month} 7 ^{Day} 18 ^{Years} 21 ^{Months} - ^{Days} -

Sex Female Color or Race African Birth-place Ind -

Occupation Housewife Where Residing if not at place of death Ind -

Married, Single or Widowed Married Name of Wife or Husband Francis Curtis

Father's Name Richard Middleton Father's Birthplace Ind -

Mother's Maiden Name Christie Butler Mother's Birthplace Ind

Name of person giving information Alfred Butler How related to deceased Brother

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary Bright's Disease How long 18 months

Immediate Chronic Convulsions How long -

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician J. C. Chubbear M.D.

Address Wrightsville
Ind -

Accident or Suicide? -



Name
in
Full

John A. Farmer

107
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

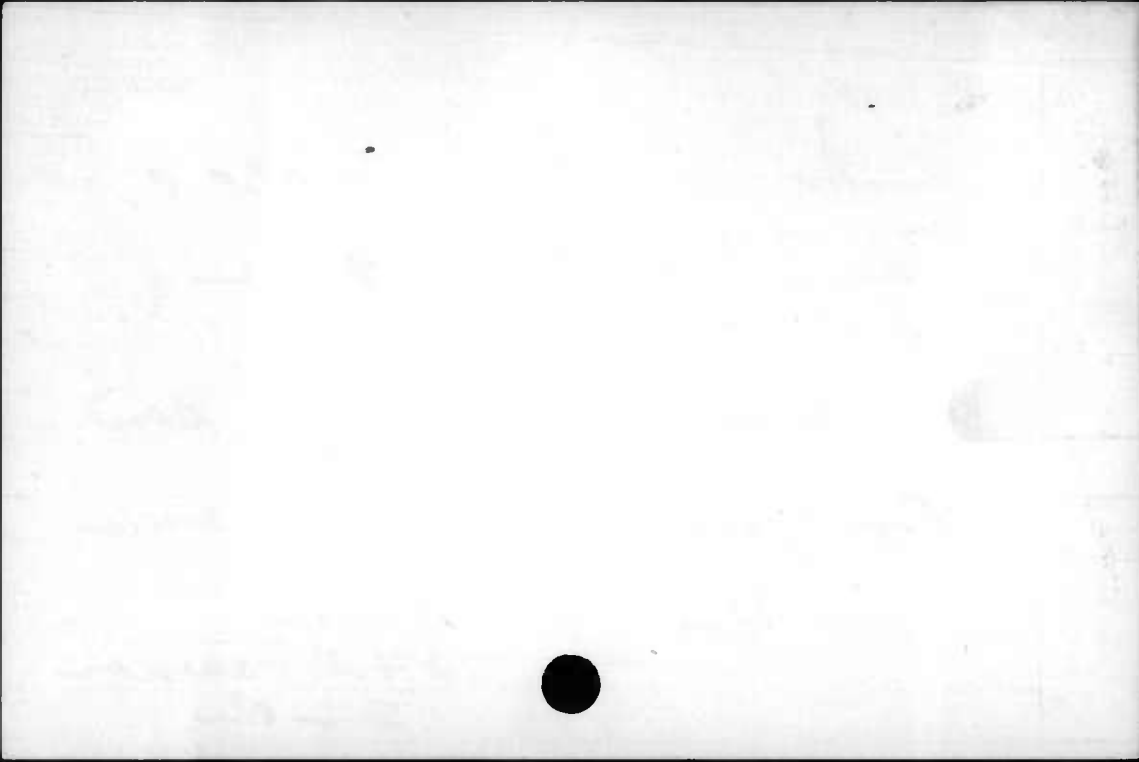
Died at		Town <i>Guilford</i>		County <i>Wharton</i>		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		July	24		—	3	—
Sex		Color or Race		Birthplace			
Male		Black		Ind			
Occupation				Where Residing if not at place of death			
—				—			
Married, Single or Widowed		Name of Wife or Husband		Father's Birthplace		Mother's Birthplace	
Single		—		Ind		Ind	
Father's Name		Mother's Maiden Name		How related to deceased			
Edward Farmer		Ellen R. Brisson		Father			
Name of person giving information							
Ed. Farmer							

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary	<i>Marasmus</i>	How long	<i>2 weeks</i>
Immediate	<i>Heart failure</i>	How long	<i>1 day</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
for		<i>H. C. Chapman M.D.</i>	
		Address	
		<i>High River Ind</i>	
Accident or Suicide?			
—			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>McDonough</i>		Town <i>Chas.</i>		County <i>Chas.</i>		MARYLAND		
Date of death <i>1907</i>	Month <i>7</i>	Day <i>6</i>	Age <i>77</i>	Years	Months	Days		
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Chas. Co. Md</i>					
Occupation <i>Housewife</i>			Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Clem Ford</i>						
Father's Name <i>unknown</i>			Father's Birthplace <i>Chas Co Md.</i>					
Mother's Maiden Name			Mother's Birthplace <i>Chas Co Md</i>					
Name of person giving information <i>James A. Ford</i>			How related to deceased <i>Son</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Paralysis</i>	<i>(66)</i>	How long <i>3 weeks</i>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>None</i>	
	Address <i>Wm Brawner</i>	
	<i>Sub Ray</i>	
Accident or Suicide?		

W. F. Browne

Name
in
Full

John D. Gibbons

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

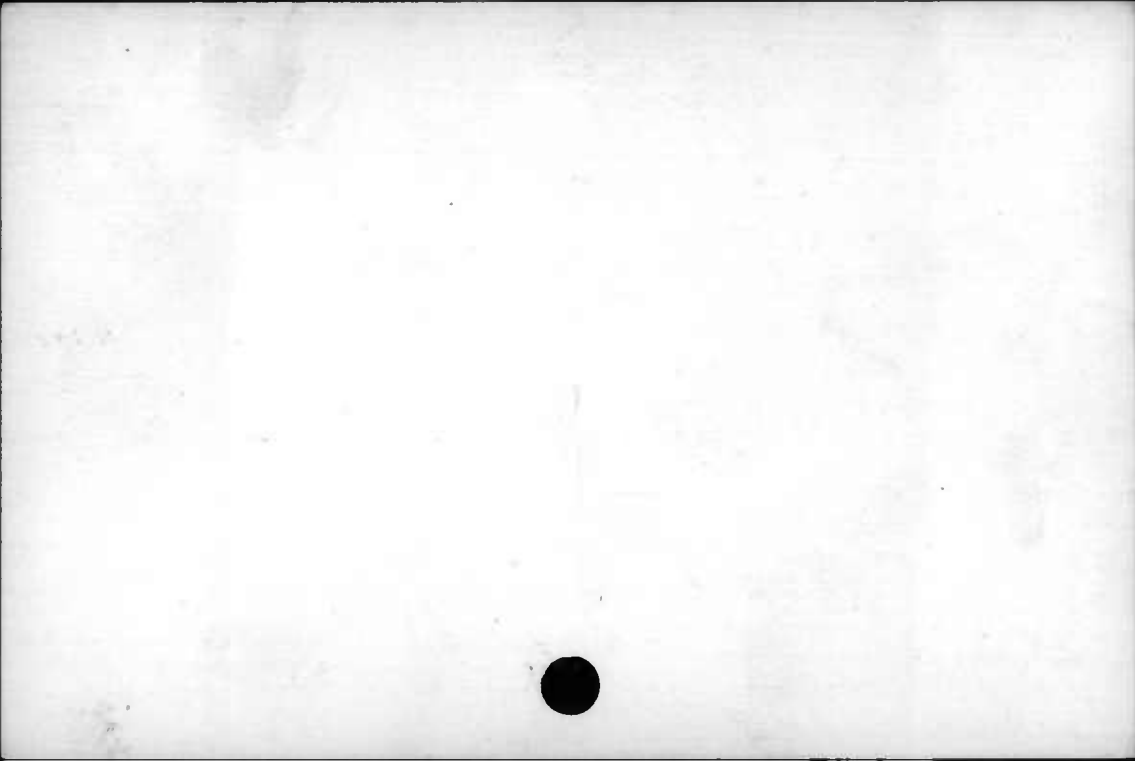
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		July	23	7	5		
Sex	male	Color or Race	White		Birth-place	Ned	
Occupation	Farmer			Where Residing if not at place of death			
Married, Single or Widowed	Widower		Name of Wife or Husband				
Father's Name		Name unknown			Father's Birthplace		
Mother's Maiden Name		Name unknown			Mother's Birthplace		
Name of person giving information		Mrs Geo Smith			How related to deceased		
					daughter		

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary	Hemiplegia		How long	2 yrs
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		Yes		
Signature of Physician		J. C. Garrison		
Address		127 Eastmoreland		
Accident or Suicide?		No		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

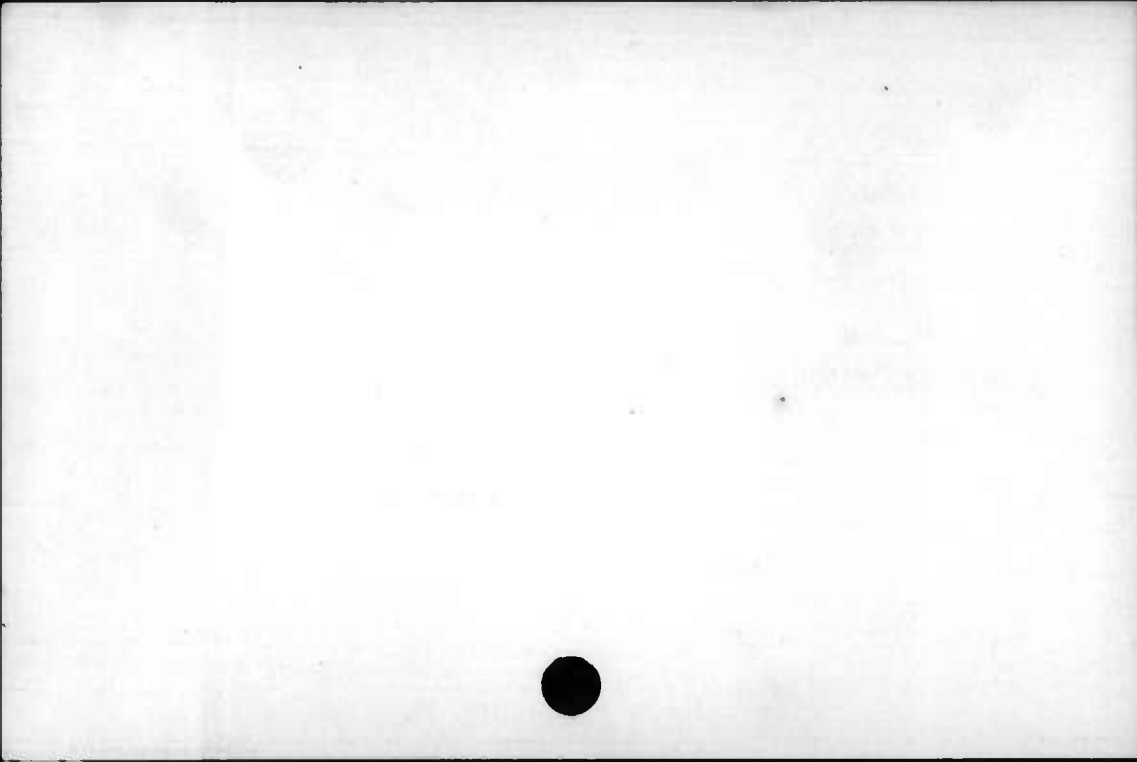
Died at <i>Doncaster</i>		Town <i>Doncaster</i>		County <i>Charles</i>		MARYLAND	
Date of death	1907	Month	July	Day	31	Age	65(?)
Sex	Male	Color or Race	Colored	Birth-place	Washington, D.C.		
Occupation	Farmer			Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband			Mary Davis Gray		
Father's Name	Roll W. aton			Father's Birthplace	Columbia, S.C.		
Mother's Maiden Name	Milly Gray			Mother's Birthplace	Columbia, S.C.		
Name of person giving information	Mary Gray			How related to deceased	Wife		

CAUSES OF DEATH

72

PHYSICIAN
OR CORONER

Primary	Gunshot Wound	How long	2 weeks
Immediate	Tetanus	How long	3 days.
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Geo. C. Bicknell
		Address	4019 Oak St.
Accident or Suicide?	Accident		



Name
in
Full

Norman Henderson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Grayton</i>		Town <i>Grayton</i>		County <i>Charles</i>		State <i>MARYLAND</i>	
Date of death	<i>1907</i>	Month <i>July</i>	Day <i>23</i>	Age <i>—</i>	Years <i>5</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>male</i>	Color or Race <i>white</i>			Birth-place <i>md</i>			
Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Ernest W. Henderson</i>		Father's Birthplace <i>md</i>					
Mother's Maiden Name <i>Lottie Monroe</i>		Mother's Birthplace <i>md</i>					
Name of person giving information <i>G. W. Henderson</i>		How related to deceased <i>Grand Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cholera Infantum</i>	How long <i>105</i>	<i>One or two days</i>
Immediate <i>(Bottle fed)</i>	How long <i>—</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>D. H. Speare md</i>	
	Address <i>Grayton</i>	
Accident or Suicide? <i>F.B. first saw child about an hour before</i>		



Name
in
Full

Harriett Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

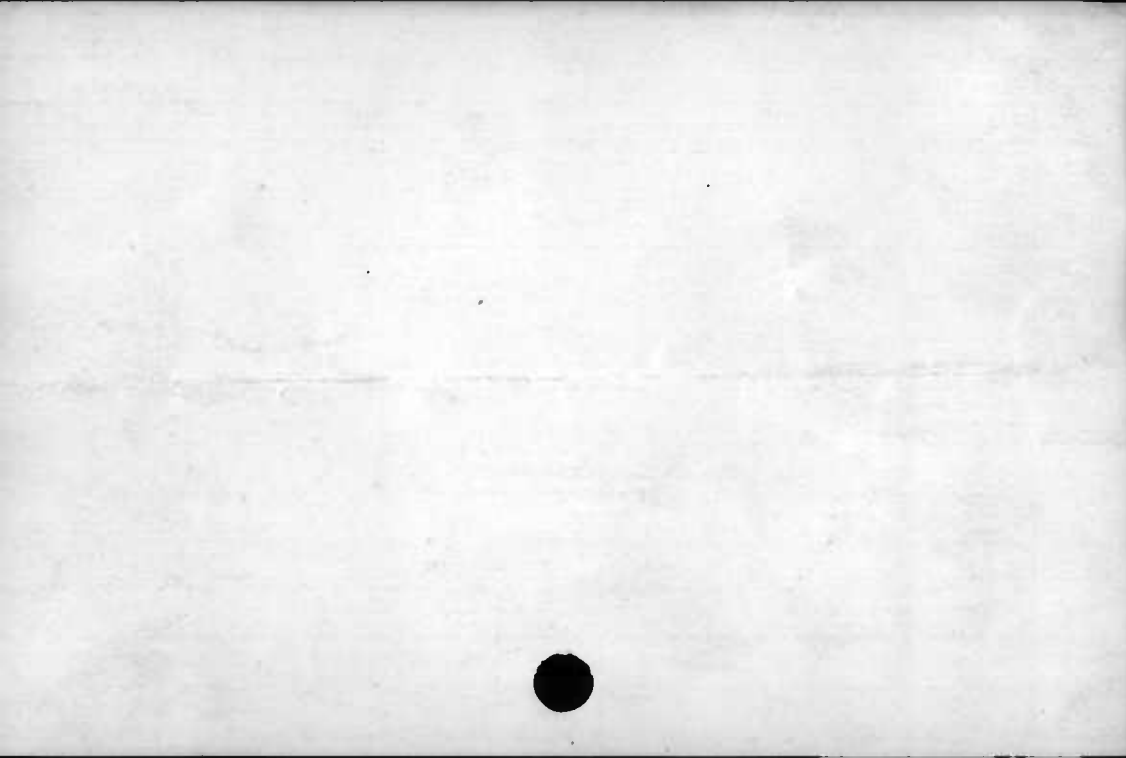
Died at		Town <i>Durban</i>		County <i>Cherokee</i>		MARYLAND	
Date of death		1907	Month <i>July</i>	Day <i>8</i>	Age <i>61</i>	Years	Months <i>—</i>
Sex <i>Female</i>		Color or Race <i>Black</i>		Birthplace <i>Ind</i>		Days <i>—</i>	
Occupation <i>Housekeeper</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>John Johnson</i>					
Father's Name <i>Matthew Johnson</i>		Deceased		Father's Birthplace <i>Ind</i>			
Mother's Maiden Name <i>Mary Duckett</i>		Deceased		Mother's Birthplace <i>Ind</i>			
Name of person giving information <i>Walter Johnson</i>				How related to deceased <i>Son</i>			

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	<i>Mitral Regurgitation</i>	How long	<i>6 mo</i>
Immediate	<i>Heart Failure</i>	How long	<i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>for</i>		Signature of Physician <i>Helechoffman MD</i>	
		Address <i>Highview Ind</i>	
Accident or Suicide?			



Name
in
Full

Robert Loy Jr

CERTIFICATE OF DEATH

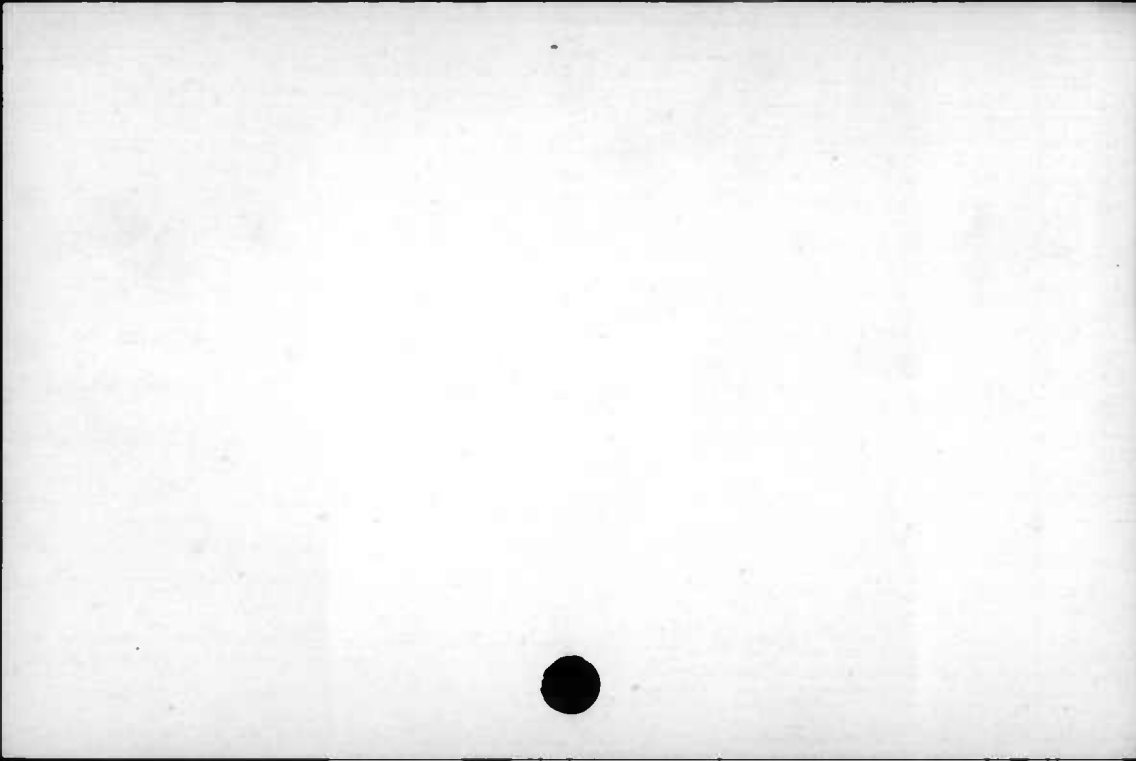
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Benedict</i> ^{Town}		<i>6 Hae</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	<i>7</i> ^{Month}	<i>21</i> ^{Day}	Age <i>—</i> ^{Years}	<i>2</i> ^{Months}	<i>21</i> ^{Days}
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Benedict</i>		
Occupation <i>Infant</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Robert P. Loy</i>			Father's Birthplace <i>Benedict</i>		
Mother's Maiden Name <i>Mary Estep</i>			Mother's Birthplace <i>Benedict</i>		
Name of person giving information <i>John A. Loy</i>			How related to deceased <i>Uncle</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cholera infantum</i>	How long <i>10 da</i>
Immediate <i>(105)</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician
	Address <i>John 6 Happelear</i>
Accident or Suicide? <i>no</i>	



Name
in
Full

W. H. Hamme

Marshall

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Bing

Lehigh

Date

Month

Day

Years

Months

Days

of death 1907

July

10

Age

—

Sex

Male

Color or
Race

Caucasian

Birth-
place

Ind

Married, Single
or Widowed

—

Occupation

Name of Wife or
Husband

—

Father's
Name

Thomas Trusten

Father's
Birthplace

Ind

Mother's
Maiden Name

Lavinia Long

Mother's
Birthplace

Ind

Name of person giving
In formation

Thomas Hamme

How related
to deceased

Son

CAUSES OF DEATH

Primary

Still Born

How long

—

Immediate

—

How long

Are the name, age, sex, color, date
and place correctly given above

L

Signature of
Physician

J. O. Hamme

Address

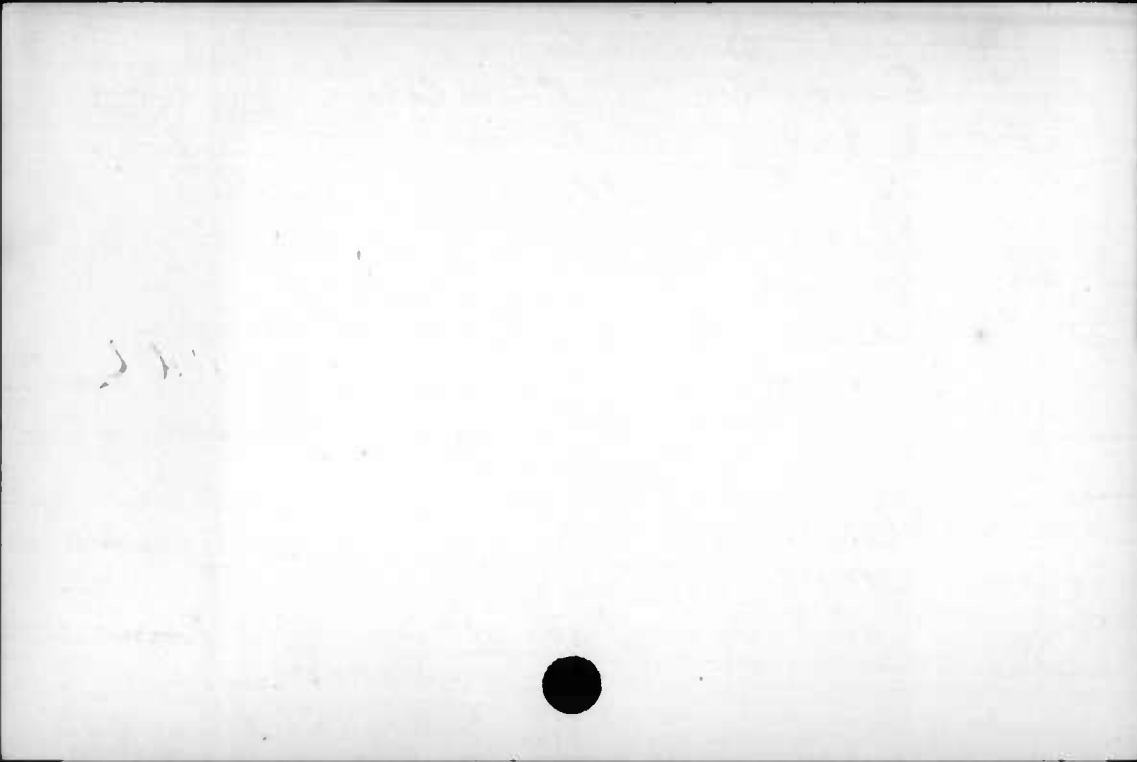
Warrenton
Ind

Accident or Suicide?

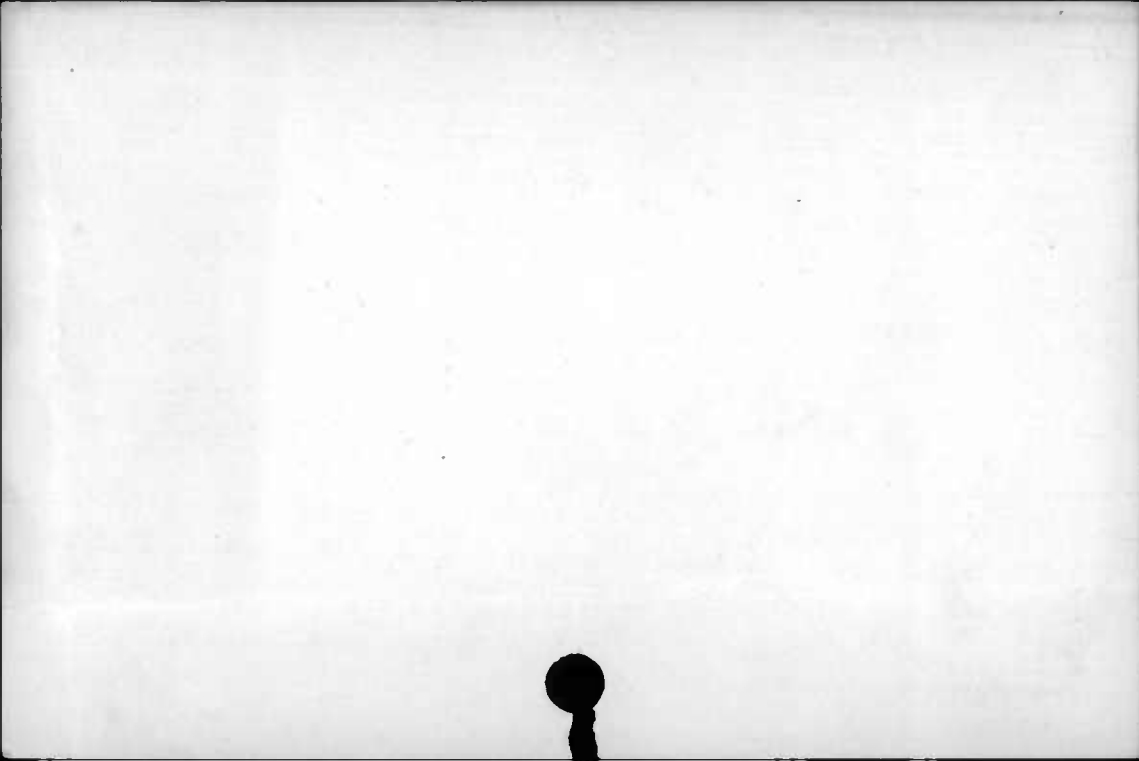
TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full		Town		County		CERTIFICATE OF DEATH	
Mr. Married		Middleton		Charles		MARYLAND	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Mar. Bynantown		10 Charles		Months	
	Date of death	1907	July	30	Age	Days	
	Sex	Male		Color or Race	White		Birth-place
	Occupation			Where Residing if not at place of death			
	Married, Single or Widowed			Name of Wife or Husband			
	Father's Name	J. A. Middleton		Father's Birthplace			
PHYSICIAN OR CORONER	Mother's Maiden Name	Laura Hofmaste		Mother's Birthplace			
	Name of person giving information	J. A. Middleton		How related to deceased			
	CAUSES OF DEATH						
	Primary	Still Born		How long			
Immediate			How long				
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician			
				Address			
Accident or Suicide?				9			

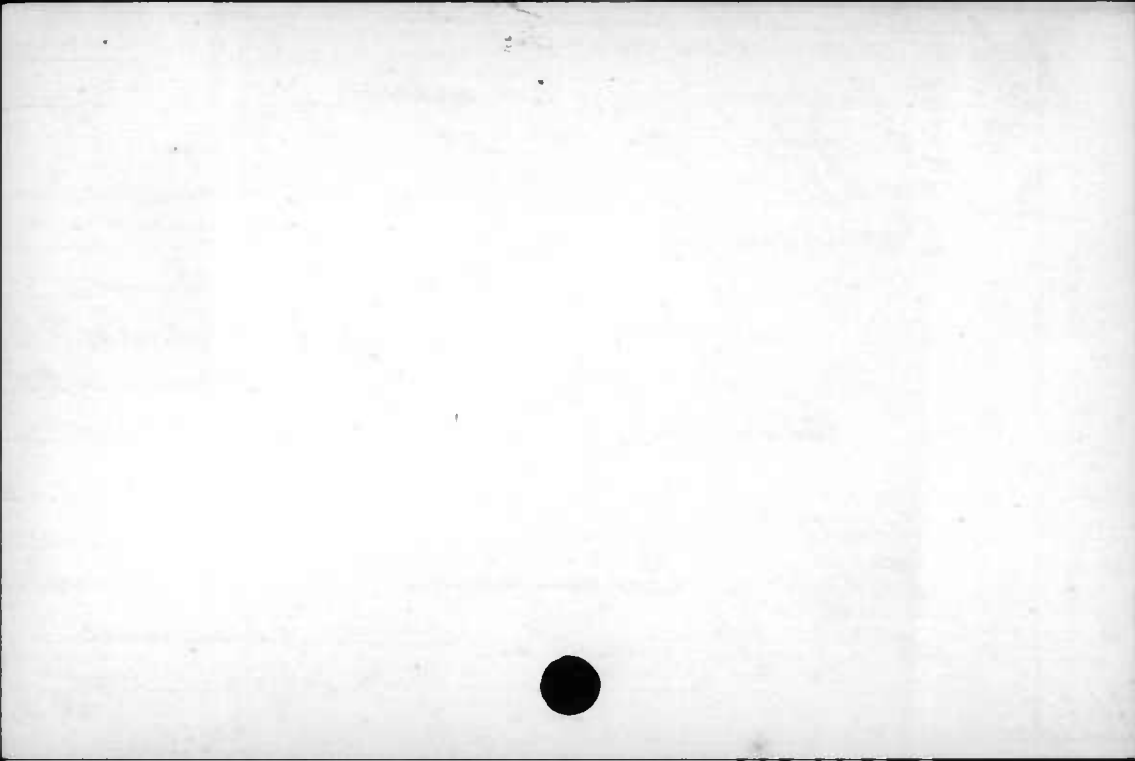


Name in Full		Robert Saunders				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	near <i>Doncaster</i> Town		County <i>Charles</i>		MARYLAND	
	Date of death	<i>1907</i>	Month <i>July</i>	Day <i>13</i>	Years <i>80</i>	Months	Days
	Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth-place <i>Ind</i>
	Occupation	<i>Sailor</i>			Where Residing if not at place of death		
	Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband	<i>Priscilla was Skinner</i>		
	Father's Name	<i>Robert F. Thomas Saunders</i>				Father's Birthplace	<i>Ind</i>
	Mother's Maiden Name	<i>Unknown</i>				Mother's Birthplace	<i>Ind</i>
Name of person giving information	<i>Milton Perry</i>				How related to deceased	<i>Son in Law</i>	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	<i>Old aged and</i>				How long	<i>about 2 weeks</i>
	Immediate	<i>General weakness</i>				How long	
	Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>		Signature of Physician <i>James M. Wheeler</i>		
					Address <i>Sub. Registrar Grayton P.O. Ind</i>		
Accident or Suicide?		<i>_____</i>					



Name in Full Rufus Greagby sidler		County Charles		Town Pisgah		CERTIFICATE OF DEATH	
Died at		Date of death		Age		MAYLAND	
Month July		Day 28		Years —		Months —	
Sex Male		Color or Race white		Birth-place Pisgah Md.		Days 27	
Occupation none		Where Residing if not at place of death					
Married, Single or Widowed Singled		Name of Wife or Husband none					
Father's Name George W Sidler		Father's Birthplace Chas. Co Md.					
Mother's Maiden Name Sarah J Johnson		Mother's Birthplace Chas. Co Md					
Name of person giving information Alice. V. Sidler		How related to deceased Grand Mother					
CAUSES OF DEATH							
Primary		How long					
Immediate		How long					
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician no Physician in attendance					
		Address Chas? S Carpenter					
		Sub Registrar					
		Pisgah Md.					
Accident or Suicide?							

179



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Name Julia Ann Smallwood.

Town

County

Died at Hickamugen

Charles

Date

Month

Day

Years

Months

Days

of death 1907

July

7

Age

29

Sex

Female

Color or
Race

Colored

Birth-
place

Charles, Co. Md.

Occupation

Housewife

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

William Smallwood

Father's
Name

Joseph Swann

Father's
Birthplace

Charles, Co. Md.

Mother's
Maiden Name

Ann Dorey

Mother's
Birthplace

Charles, Co. Md.

Name of person giving
Information

Churchill Hart

How related
to deceased

None.

CAUSES OF DEATH

138

PHYSICIAN
OR CORONER

Primary

Acute Nephritis

How long

1 month

Immediate

Puerperal Eclampsia

How long

24 hours.

Are the name, age, sex, color, date
and place correctly given above?

Yes.

Signature of
Physician

Geo. C. Bicknell.

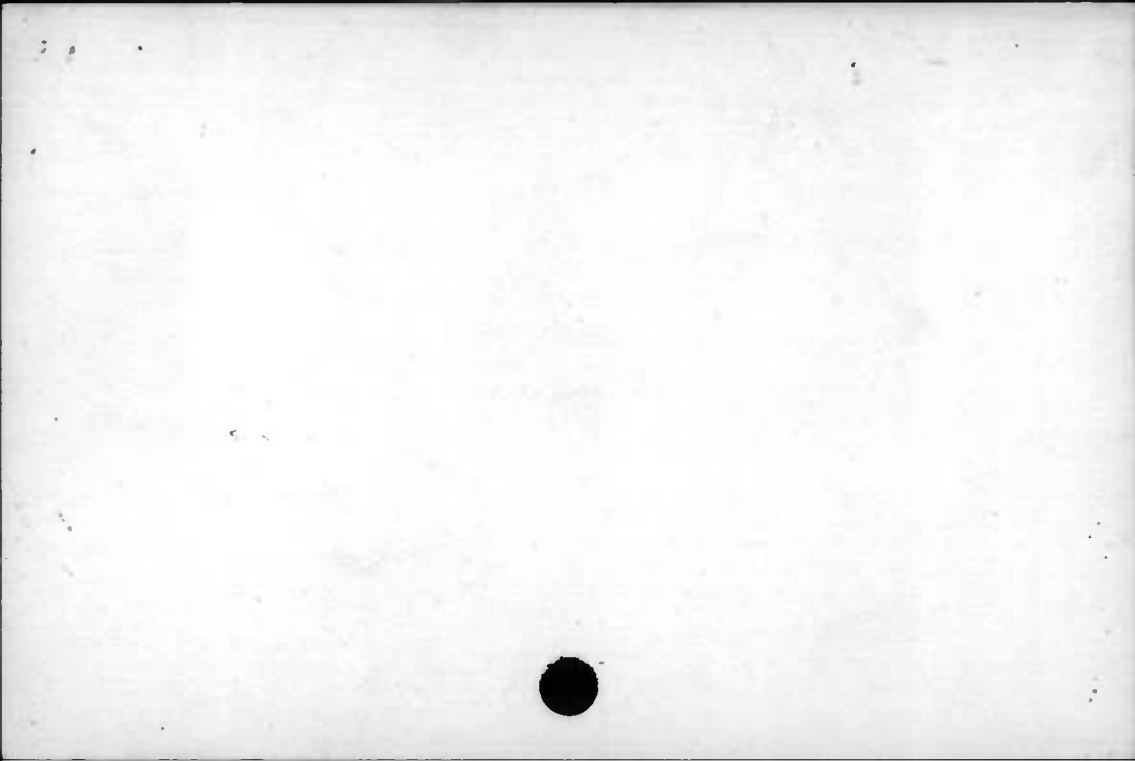
Address

Prigah, Md.

Accident or Suicide?



Name in Full		No Name		Smallwood		CERTIFICATE OF DEATH	
Died at		Rison		Town		MARYLAND	
Date of death		1907		July		Month	
		29		Day		Age	
				Years		Months	
				21		Days	
Sex		Female		Color or Race		colloid	
Occupation		none		Birth-place		charco Md.	
				Where Residing if not at place of death			
Married, Single or Widowed		Single		Name of Wife or Husband		none	
Father's Name		William Smallwood		Father's Birthplace		Md.	
Mother's Maiden Name		Julian Swann		Mother's Birthplace		Md.	
Name of person giving information		Joseph Smallwood		How related to deceased		uncle	
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; font-size: 2em; border: 2px solid black; border-radius: 50%; padding: 5px; display: inline-block;">179</div>							
Primary		Died of natural causes according to				How long	
Immediate		Best information obtainable				How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		no Physician in attendance			
		Address		Charles S Carpenter			
				Sub Registrar Piggah Md.			
Accident or Suicide?							



Name
in
Full

Albert Speake

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Town Hypocrites County Charley MARYLAND

Date of death 1907 July 6 Age — Years — Months 8 Days

Sex Male Color or Race Caucasian Birth-place Ireland

Occupation Child Where Residing if not at place of death —

Married, Single or Widowed — Name of Wife or Husband —

Father's Name George Speake Father's Birthplace Ireland

Mother's Maiden Name Lucy Queen Mother's Birthplace Ireland

Name of person giving information George Speake How related to deceased Father

CAUSES OF DEATH

Primary Fracture 151 How long 8 days

Immediate

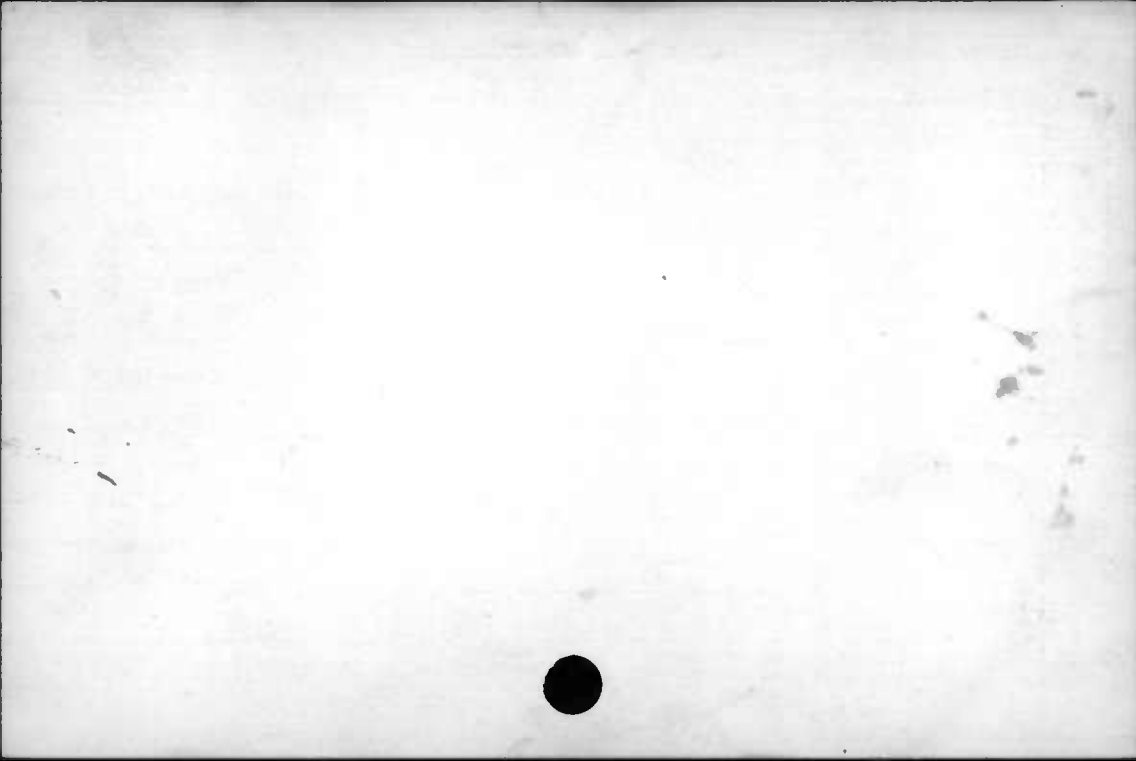
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in Full

Mary Ruth Stuart

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Bel Air*

Town

County

Date

of death 1907

Month

July

Day

28th

Age

Years

54

Months

3

Days

4

Sex

Female

Color or
Race

Caucasian

Birth-
place

Charles Co

Occupation

House Keeper

Where Residing if not
at place of deathMarried, Single
or Widowed

Widow

Name of Wife or
Husband

R. Henry Stuart

Father's
Name

George Dent

Father's
Birthplace

Charles Co

Mother's
Maiden Name

Sophie Ashton

Mother's
Birthplace

Washington D.C.

Name of person giving
information

George Dent

How related
to deceased

Brother

CAUSES OF DEATH

1104

Primary

Bernie Garbitts

How long

4 years

Immediate

Malnutrition

How long

8 months

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

E. S. S. S. S.

Address

Bel Air

Chas. C. M.D.

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

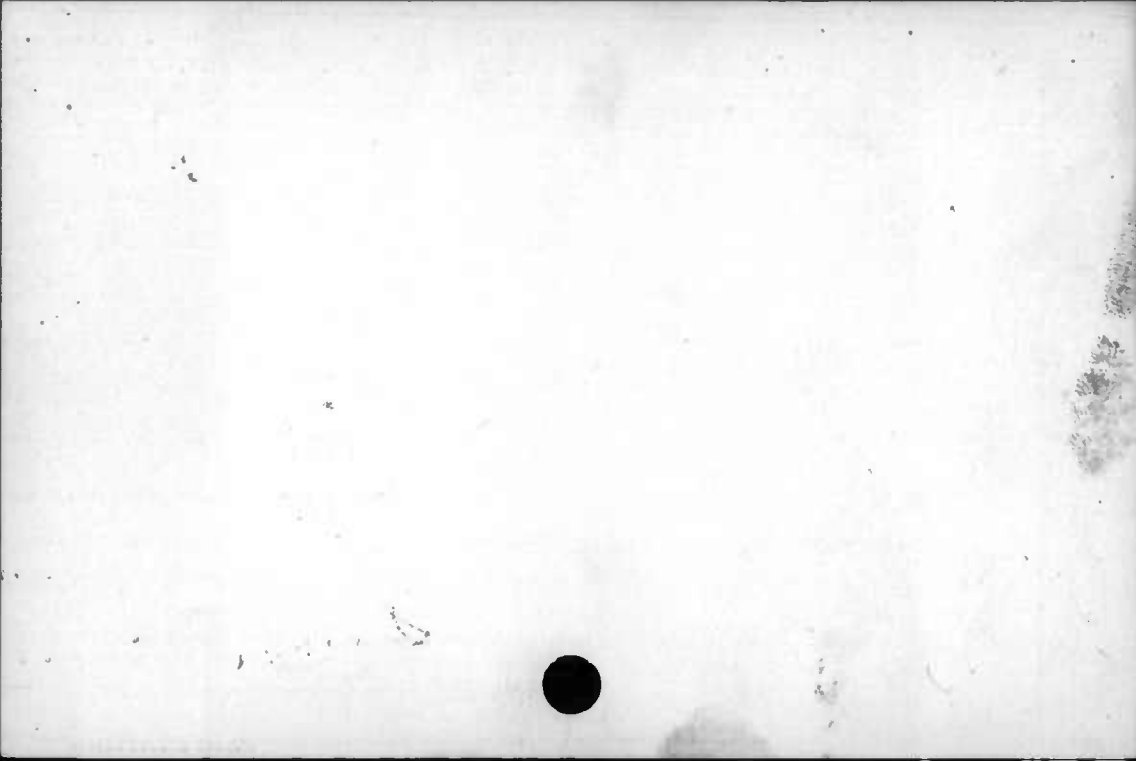
Died at <i>Prigah</i> Town		County <i>Charles</i>		MARYLAND	
Date of death	1907	Month	July	Day	31
Age	40		Years	Months	Days
Sex	<i>Female</i>		Color or Race	<i>Colored</i>	
Occupation	<i>Housewife</i>		Birth-place	<i>Charles Co. Md.</i>	
Where Residing if not at place of death					
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband	<i>Jos. Washington</i>	
Father's Name	<i>Mrs. D. Mary</i>		Father's Birthplace	<i>Charles Co. Md.</i>	
Mother's Maiden Name	<i>Mary Chenn</i>		Mother's Birthplace	<i>Charles Co. Md.</i>	
Name of person giving information	<i>Mrs. E. Delozier</i>		How related to deceased	<i>None</i>	

CAUSES OF DEATH

(120)

PHYSICIAN
OR CORONER

Primary	<i>Encephalitis (nephritis)</i>	How long	<i>3 mos</i>
Immediate	<i>Asphyxia</i>	How long	<i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Geo. C. Bicknell</i>
		Address	<i>Prigah, Ind.</i>
Accident or Suicide?			



Name
in
Full

Amanda Whalen

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Newport^{County} CharlesDate
of death 1907

Month July

Day 9

Age 14

Years 10

Months 27

Sex Female

Color or Race Colored

Birth-place Char Co Md

Occupation House Girl

Where Residing if not
at place of deathMarried, Single
or Widowed SingleName of Wife or
Husband

Father's Name Sanford Whalen

Father's Birthplace St Mary's Co Md

Mother's Maiden Name Elizabeth Warren

Mother's Birthplace Char Co Md

Name of person giving
information Aaron WhalenHow related
to deceased Brother

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary Pulmonary Tuberculosis

How long about 6 mos

Immediate Asthmatic & Cardiac Comp

How long 48 hours

Are the name, age, sex, color, date
and place correctly given above? YesSignature of
Physician

C. L. Cecil M.D.

Address

Wicomico

Accident or Suicide?

Md

